



13281 U.S. PTO

Atty. Dkt. No. 034536-1212

22390 U.S. PTO  
10/777186



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Joseph SCHLESSINGER et al.  
Title: NOVEL RECEPTOR-TYPE PHOSPHOTYROSINE PHOSPHATASE-  
ALPHA  
Prior Appl. No.: 10/671,589  
Prior Appl. Filing Date: 09/29/2003  
Examiner: Unassigned  
Art Unit: Unassigned

**CONTINUING PATENT APPLICATION**  
**TRANSMITTAL LETTER**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☒ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Application Data Sheet (37 CFR 1.76) (3 pages).
- ☒ Copy of recorded Assignment (2 pages) of the invention to New York University from parent application.
- ☒ Preliminary Amendment (6 pages).



- ☒ [ X ] Specification, Claim(s), and Abstract (74 pages).
- ☒ [ X ] Informal drawings (14 sheets, Figures 1-8).
- ☒ [ X ] Copy of executed Declaration and Power of Attorney (2 pages) from parent application.
- ☒ [ X ] Paper Copy of Sequence Listing (from parent application) (18 pp.).
- ☒ [ X ] Transmittal of Formal Drawings (1 page)
- ☒ [ X ] Formal Drawings (16 sheets, Figures 1A – 8C)

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total	1	- 20	= 0	x \$18.00	= \$0.00
Claims:					
Independ	1	- 3	= 0	x \$86.00	= \$0.00
ents:					
If any Multiple Dependent Claim(s) present:				+ \$290.00	= \$0.00
				SUBTOTAL:	= \$770.00
				TOTAL FILING FEE:	= \$770.00

- ☒ [ X ] A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☒ [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.